

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 19-MAR-2015		TIME 05:09:00		2. ADDRESS OF OCCURRENCE 4931 W MONROE ST, Apt 2 CHICAGO, IL 60644		3. LOCATION CODE 090		4. BEAT/OCCUR 1533			
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME NAJM	7. FIRST NAME SEAN M	8. STAR NO. 5088	9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT 600	13. WT. 220		
	14. DATE OF APPT. 27-NOV-2006	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 011 1162E	17. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off	18. MEMBER INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19. MEMBER IN LIFORM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SUBJECT INFORMATION	20. LAST NAME DAVIS	21. FIRST NAME KEITH	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT 510	27. WT. 240			
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED/HANDS/FISTS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
33. WHERE WAS MEDICAL TREATMENT OBTAINED? ST ANTHONY DE PADUA HOSPITAL			34. BY WHOM? ATTENDING PHYSICIAN		35. CONDITION <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Hospitalized <input type="checkbox"/> Not Hospitalized <input type="checkbox"/> Under Influence <input type="checkbox"/> Refused Medical Aid						
36. CHARGE PLACED ***** PLEASE SEE NEXT PAGE *****				37. CB NO. 19081184		38. DNA <input type="checkbox"/>					
REASON FOR USE OF FORCE (Check all that apply)	39. <input checked="" type="checkbox"/> DNA										
	SUBJECT'S ACTIONS		ACTIVE REGISTER		ASSAULT/ASSAULT		ASSAULT/BATTERY		ASSAULT/DEADLY FORCE		
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER <u>FLAILED ARMS AND BOO</u>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____		USER FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____			
MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT MOVER <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Display) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/> IMPACT WEAPON (Describe in Box 43) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 43) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____			
40. ADDITIONAL INFORMATION											
41. WEAPON TYPE			42. INCIDENT OCCURRED			43. LIGHTING CONDITIONS			44. WEATHER CONDITIONS		
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial			<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial			CLEAR		
45. MAKE/MANUFACTURER			46. MODEL			47. BARREL LENGTH			48. CALIBER/GAUGE		
49. TASER DART ID NO.			50. WEAPON SERIAL NO. (Include Letters)			51. CHICAGO GUN REG. NO.			52. IL FIREARM OWNER ID. NO.		
53. HANDGUN CERTIFICATE NO.			54. SPECIAL WEAPON CERTIFICATE NO.			55. PROPERTY INVENTORY NO.			56. TYPE OF AMMUNITION USED		
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER			58. TOTAL NO. OF SHOTS MEMBER FIRED			59. WHO FIRED FIRST SHOT			60. WAS FIREARM RELOADED DURING INCIDENT		
61. HOW WAS MEMBER'S HANDGUN WORN			62. SPECIFY METHOD/EQUIPMENT USED TO RELOAD			63. DID MEMBER USE SIGHTS			64. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		
65. DID MEMBER USE SIGHTS			66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED			68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		
69. POSITION OF MEMBER DISCHARGING WEAPON			70. SPECIFY METHOD/EQUIPMENT USED TO RELOAD			71. DID MEMBER USE SIGHTS			72. NOTIFICATIONS (OC OR TASER INCIDENT):		
73. REPORTING MEMBER (Print Name)			74. REVIEWING SUPERVISOR (Print Name)			75. DATE REVIEWED			76. TIME		
NAJM, SEAN M			SAJDAK, JAMES B			19-MAR-2015 19:46:54			19-MAR-2015 19:49:59		
77. SIGNATURE			78. SIGNATURE			79. DATE REVIEWED			80. TIME		
[REDACTED]			[REDACTED]			19-MAR-2015 19:46:54			19-MAR-2015 19:49:59		

1076808

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SUBJECT  
INFORMATION

36 CHARGES PLACED

☐ DNA

720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720  
ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 570.0/402-A-1

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

R/Lt. is unable to interview the offender due to he is currently at Mt. Sinai Hospital.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the review of all the reports and information available at this time, R/Lt. finds the officer's actions were within Department guidelines and consistent with the Use of Force Model.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO JCRND \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

HELWINK MASTERS, DANY J

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

19-MAR-2015 19:55:20

79. TOTAL TRIP'S THIS EVENT No.

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